U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, tines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9689	2 Fiscal Year Covered From		
	7/13/04 Through 7/15/05		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name DELBERT L DRUSE	Name BLE+T		
	Labor Organization File Number 000/0		
PO Box, Bldg Room No If any	P O Box Building and Room Number if any		
Street 26836 W. ORCHARD AUE.	Street 13700NTARIO ST., MESSANINE		
City ANTIOCH	City CLEVLAND		
State ZIP Code + 4 6 0 0 0 2	State <i>OHIO</i> ZIP Code + 4 44/13		
5 Position in labor organization LOCAL DIVISION LEGISLATIVE REPRESENTATIVE			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)			
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (Including trade name, if any) 7 a. Nature of Interest, Transaction, or Income.			
Name			
Trade Name If any			
PO Box, Bldg Room No if any			
	7 b Amount		
Street			
City			
State ZiP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions.)			
Signed Delbert L. Druse	On 7-31-05 847-395-0659 Date Telephone Number		

Name of Person Filing	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZiP Code + 4 10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No if any	9 Business deals with a Labor Organization b Trust c. Employer		
Street	11 b Approximate dollar value of such dealing	0.00	
State ZIP Code + 4	12 a Nature of interest held or income received		
	12 b Amount	0.00	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name if any P O Box Bldg Room No if any Street City	14 a. Nature of payment.		
State ZIP Code + 4			
13 b is the Business an Employer or Consultant ?	14 b Amount of payment.		